Form: ANNEX 2

| Date of submission   |                                      | 29/09/2011 |
|--|--------------------------------------|------------|
| Section 1: Project Details   |                                      |            |
| 1. Title of the CDM project activity   | Yichun Daqingshan Wind Power Project |            |
| 2. Please state reference number if available  | 0829                                 |            |
| Section 4: Change of contact details (project participants or focal point entities)  |                                      |            |
| The following entity is an existing project participant/focal point entity in respect of the above CDM project and hereby requests the following changes to its contact details:  Project Participant  Focal Point |                                      |            |
| Name of the entity: Kommunalkredit Public Consulting GmbH  |                                      |            |
| Party (country that authorised participation): Austria   |                                      |            |
| Contact details (primary authorized signatory):  | Mr.⊠ Ms.□                            |            |
| Last name: Diernhofer  | Telephone:                           |            |
| First name: Wolfgang   | Fax:                                 |            |
| Email:   | Address:                             |            |
| Specimen signature:  |                                      |            |
|  |                                      |            |
| Contact details (alternate authorized signatory):  | Mr.□ Ms.⊠                            |            |
| Last name: Gusenbauer  | Telephone:                           |            |
| First name: Bianca   | Fax:                                 |            |
| Email:   | Address:                             |            |
| Specimen signature:  |                                      |            |
| Signature(s) of designated focal point for scope (b):  | D                                    | ate:       |
| Name:  | Signature:                           |            |
| Only one primary or alternate signatory per focal point entity is required.  |                                      |            |